

**MONTANA STATE BOARD OF NURSING (MBON)**  
**SCOPE OF PRACTICE DECISION MAKING MODEL 3-23-2007**

**1. Describe the act to be performed**

**2. Is the act specifically permitted or prohibited by the MBON laws &/or rules?**

*If no: and it is expressly prohibited, STOP.*

*If yes: go to Step 5.*

*If you are unsure, go to Step 3.*

**3. Does the act require you to have substantial specialized nursing knowledge or skill, does it require education beyond basic education for licensure & independent judgment?**

*If no: the act may be within the scope of practice for an RN or LPN.*

*If yes: it may be an act within the scope of practice for an RN only or APRN.*

**4. Is the act consistent with the scope of practice based on the following factors?**

*a. taught in basic nursing education program*

*b. included in national nursing organization's standards of practice*

*c. supported by nursing literature & quality research*

*d. appropriately established policy & procedure is in place in the employing facility*

*e. addressed by a MBON advisory opinion, Frequently Asked Question (FAQ) or Declaratory Ruling*

**5. Do you personally possess the depth and breadth of knowledge to perform the act safely & effectively?**

*If no: the act may be within your scope of practice, but you do not have the knowledge base to perform it*

*If yes: continue to next question*

**1. Designated Act** (describe act to be performed)

**2. Permitted by the MBON laws & rules?**  
(if the act is specifically prohibited, go to "no")

Yes

Unsure

No

STOP

**3. Substantial, specialized nursing knowledge, skill, & independent judgment needed?**

Yes

No

RN or APRN

RN or LPN

**4. What scope of practice factors are present?**

Yes

No

STOP

**5. Do you possess the necessary knowledge to perform the act safely?**

Yes

No

STOP

**6. Do you possess current clinical competence to perform the act safely?**

Yes

No

STOP

**7. Would a reasonable & prudent nurse perform this act?**

Yes

No

STOP

**8. Will you assume accountability for the outcome?**

Yes

No

STOP

Go Ahead

**6. Do you personally possess current, documented clinical competence to perform the act safely?**

*If no: the act may be within your scope of practice, but you do not have the documented competence to perform the act*

*If yes: continue on*

**7. Is the performance of the act within the accepted "standard of care" which would be provided in similar circumstances by reasonable & prudent nurses who have similar education and experience?**

*If no: the act should not be performed – performance of the act may place both the nurse & patient at risk*

*If yes: continue on*

**8. Are you prepared to accept the consequences of your actions?**

*If no: the act should not be performed – performance of the act may place both the nurse & patient at risk*

Defer to qualified professional AND/OR

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*If yes:*  
*a. perform the act per valid order if necessary, & in accordance with established policy & procedure/standards of care*  
*b. assume accountability for provision of safe & effective care*